

Give us your feedback

Using the Army Patient Satisfaction Survey (APLSS).

Your opinion is important to us.

The Army Patient Satisfaction Survey is mailed to beneficiaries a few days after their appointment in order to garner feedback about our services.

We review the results to ensure we are providing world-class military medicine from every aspect.

If you receive a survey in the mail, please take the time to complete it. Your feedback will let us know what we are doing right and what we could do better.

Thank you for your service



Bassett

Army Community Hospital

ARMY PATIENT SATISFACTION SURVEY

DEPARTMENT OF THE ARMY
OFFICE OF THE SURGEON GENERAL
SURVEY PROGRAM OFFICE (SUPT 600)
1000 LEEBURG PIKE
FALLS CHURCH, VA 22041-5058

Army Patient Satisfaction Survey

We need your help. We are trying to improve the quality of care we give our Soldiers and their families.

According to our records you recently had a healthcare visit with (PROVIDER'S NAME) on (VISIT DATE) at the Rock Island Arsenal Army Health Center. Is this correct?

Yes, I am someone else... No, didn't have visit.

Thinking specifically about your visit with (PROVIDER'S NAME) on (VISIT DATE) at the Rock Island Arsenal Army Health Center, please rate how much you disagree or agree with each of the following. Please mark an "X" in the box for the answer that is closest to your opinion.

	Completely Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Completely Agree
1. This provider, (PROVIDER'S NAME), spent the time with you that your medical problems required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. This provider listened to you carefully about your concerns and questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. This provider understood your problem or condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. This provider treated you with courtesy and respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. This provider explained what was being done and why.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. This provider helped you with your problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Overall, how satisfied do you feel about your visit with (PROVIDER'S NAME)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Which of the following best describes your familiarity with (PROVIDER'S NAME)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This provider is my Primary Care Manager (PCM) whom I see for most of my routine care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This provider is not my PCM, but I had met or heard of him/her before this visit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This provider is not my PCM, I had a referral to see this provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This provider is not my PCM, and I had never met or heard of him/her before this visit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please turn over and continue on the back page.

For more information, contact
the Patient Advocate at (907) 361-5291